

# **EXHIBIT A**

STATE OF CALIFORNIA  
CERTIFICATION OF VITAL RECORDCOUNTY OF LOS ANGELES  
DEPARTMENT OF PUBLIC HEALTH

3052024268655		CERTIFICATE OF DEATH		3202419058957	
STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 7/25)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED- FIRST (Given) LEONARDO		2. MIDDLE -		3. LAST (Family) DIAZ	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yy 02/08/1990		5. AGE yrs. 34	
6. IF UNDER ONE YEAR Months Days		7. IF UNDER 24 HOURS Hours Minutes		8. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER [REDACTED]		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Link	
13. EDUCATION - Highest Level/Degree HS GRADUATE		14/15. WAS DECEASED HISPANIC/LATINO/A/SPANISH? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES MEXICAN		16. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) MEXICAN AMERICAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED EQUIPMENT MECHANIC		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MECHANIC		19. YEARS IN OCCUPATION 2	
20. DECEASED'S RESIDENCE (Street and number, or location) 7717 S. FIGUEROA ST		22. COUNTY/PROVINCE LOS ANGELES		23. ZIP CODE 90003	
24. YEARS IN COUNTY 34		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP MARIA GUADALUPE DIAZ, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city of issue, state and zip) 7717 S. FIGUEROA ST, LOS ANGELES, CA 90003			
28. NAME OF SURVIVING SPOUSE/SRPD-FIRST MARIA		29. MIDDLE GUADALUPE		30. LAST (BIRTH NAME) DIAZ	
31. NAME OF PARENT-FIRST LEONARDO		32. MIDDLE -		33. LAST (BIRTH NAME) DIAZ	
35. NAME OF PARENT-FIRST RAMONA		36. MIDDLE -		37. LAST (BIRTH NAME) RAMIREZ	
39. DISPOSITION DATE mm/dd/yy 01/04/2025		40. PLACE OF FINAL DISPOSITION RESURRECTION CEMETERY 966 N. POTRERO GRANDE DRIVE, ROSEMEAD, CA 91770		43. LICENSE NUMBER EMB9384	
41. TYPE OF DISPOSITION(S) BURIAL		42. SIGNATURE OF EMBALMER ► JESSICA A. MOLINA		44. NAME OF FUNERAL ESTABLISHMENT AGAPE FUNERAL HOME	
45. LICENSE NUMBER FD1965		46. SIGNATURE OF LOCAL REGISTRAR ► MUNTU DAVIS MD		47. DATE mm/dd/yy 12/17/2024	
101. PLACE OF DEATH STREET		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing <input type="checkbox"/> Home/ITC <input type="checkbox"/> Deceased's Home	
104. COUNTY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) OREGON COURT AND MAPLE AVE		106. CITY TORRANCE	
107. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) ► MULTIPLE GUNSHOT WOUNDS		Enter the chain of events - disease, injuries, complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.		108. TIME INTERVAL BETWEEN ONSET AND DEATH (AT) MINS 2024-18831	
Sequentially list conditions, if any, leading to cause of death a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d. <input type="checkbox"/> e. <input type="checkbox"/> f. <input type="checkbox"/> g. <input type="checkbox"/> h. <input type="checkbox"/> i. <input type="checkbox"/> j. <input type="checkbox"/> k. <input type="checkbox"/> l. <input type="checkbox"/> m. <input type="checkbox"/> n. <input type="checkbox"/> o. <input type="checkbox"/> p. <input type="checkbox"/> q. <input type="checkbox"/> r. <input type="checkbox"/> s. <input type="checkbox"/> t. <input type="checkbox"/> u. <input type="checkbox"/> v. <input type="checkbox"/> w. <input type="checkbox"/> x. <input type="checkbox"/> y. <input type="checkbox"/> z. <input type="checkbox"/>				109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE				113. DECEASED PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED: Decedent Attended Since <input type="checkbox"/> Decedent Last Seen Alive <input type="checkbox"/> ►		115. SIGNATURE AND TITLE OF CERTIFIER REGINA AUGUSTINE		116. LICENSE NUMBER 117. DATE mm/dd/yy 12/02/2024	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED: MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		119. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Link		120. INJURY DATE mm/dd/yy 12/02/2024	
121. INJURY DATE mm/dd/yy 12/02/2024		122. HOUR (24 hours) 1701			
123. PLACE OF INJURY (e.g. home, construction site, wooded area, etc.) STREET AND/OR HIGHWAY		124. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury) SHOT BY OTHER(S) DURING ENCOUNTER WITH LAW ENFORCEMENT			
125. LOCATION OF INJURY (Street and number, or location, and city, and zip) OREGON COURT AND MAPLE AVE, TORRANCE, CA 90503		126. SIGNATURE OF CORONER / DEPUTY CORONER REGINA AUGUSTINE		127. DATE mm/dd/yy 12/13/2024	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER REGINA AUGUSTINE, DEP CORONER				129. FAX AUTH.# CENSUS TRACT	
STATE REGISTRAR	A	B	C	D	E

CERTIFIED COPY OF VITAL RECORD  
STATE OF CALIFORNIA, COUNTY OF LOS ANGELESThis is a true certified copy of the record filed in the County of Los Angeles  
Department of Public Health if it bears the Registrar's signature in purple ink.

Health Officer and Registrar

VE DATE ISSUED

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



DEC 23 2024



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE